

Suggested Checkup Schedules

Suggested Medical Checkups

Birth up to 1 Week
 1 Week up to 6 Weeks
 6 Weeks up to 3 Months
 3 Months up to 5 Months
 5 Months up to 8 Months
 8 Months up to 11 Months
 11 Months up to 14 Months
 14 Months up to 17 Months
 17 Months up to 20 Months
 20 months up to 24 Months
 2 Years
 Every Year Until Age 21

Suggested Dental Checkups

Starting at Age 3 – Yearly Thereafter

Suggested Vision Checkups

Starting at Age 5 – Yearly Thereafter

Suggested Hearing Checkups

Ask your child's PCP
 to determine if hearing tests are needed.

Blood Lead Testing

At ages 12 and 24 months
 and as directed by your child's PCP.

Recommended Childhood and Adolescent Immunization Schedule

Immunization	Age Birth	1 Mo	2 Mos	4 Mos	6 Mos	12 Mos	15 Mos	18 Mos	24 Mos	4-6 Yrs	11-12 Yrs	
Hepatitis B	HepB	HepB			HepB							
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP			DTaP	Tdap	
<i>Haemophilus Influenzae</i> type b			Hib	Hib	Hib	Hib						
Inactivated Polio			IPV	IPV	IPV					IPV		
Measles, Mumps, Rubella						MMR				MMR		
Varicella						Varicella						
Pneumococcal			PCV	PCV	PCV	PCV						
Influenza					Influenza (Yearly)							
Meningococcal											MCV4	
Hepatitis A						Hep A Series						
Rotavirus			RV	RV	RV							